



## **Grievance Process for Health Programs and Activities For State of Delaware Health Plan Participant**

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It is the policy of the State of Delaware Group Health Insurance Program (GHIP) not to discriminate on the basis of race, color, national origin, sex, age or disability. The State of Delaware GHIP has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 1557 of the Affordable Care Act (42 U.S.C. § 18116) and its implementing regulations at 45 C.F.R. pt. 92, issued by the U.S. Department of Health and Human Services. Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age or disability in certain health programs and activities. Section 1557 and its implementing regulations may be examined in the office of Faith Rentz, who has been designated to coordinate the efforts of the State of Delaware GHIP to comply with Section 1557.

Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex, age or disability prohibited by Section 1557 and its implementing regulations, may submit a grievance under this procedure in writing to:

Statewide Benefits Office  
ATTN: Faith Rentz, Section 1557 Coordinator  
97 Commerce Way, Suite 201  
Dover, DE 19904  
302-739-8331  
Fax 302-739-8339  
Benefits@state.de.us

It is against the law for the State of Delaware GHIP to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

Employment related grievances (not related to health programs and activities) should be directed to the Equal Employment Opportunity Commission (EEOC) at [www.eeoc.gov/](http://www.eeoc.gov/).

### **Procedure:**

- Grievances must be submitted to the Section 1557 Coordinator within 60 days of the date the person filing the grievance becomes aware of the alleged discriminatory action.
- A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
- The Section 1557 Coordinator (or her/his designee) shall conduct an investigation of the complaint. This investigation may be informal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The

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### **STATE OF DELAWARE STATEWIDE BENEFITS OFFICE**

97 Commerce Way, Suite 201, Dover DE 19904 (D620E)

Phone: (800) 489-8933 • Fax: (302) 739-8339 • Email: [benefits@state.de.us](mailto:benefits@state.de.us) • Website: [de.gov/statewidebenefits](http://de.gov/statewidebenefits)

Section 1557 Coordinator will maintain the files and records of the State of Delaware GHIP relating to such grievances. To the extent possible, and in accordance with applicable law, the Section 1557 Coordinator will take appropriate steps to preserve the confidentiality of files and records relating to grievances and will share them only with those who have a need to know.

- The Section 1557 Coordinator will issue a written decision on the grievance, based on a preponderance of the evidence, no later than 30 days after its filing, including a notice to the complainant of their right to pursue further administrative or legal remedies.
- The person filing the grievance may appeal the decision of the Section 1557 Coordinator by writing to the State Employee Benefits Committee within 20 days of the postmark date of the Section 1557 Coordinator's decision. The State Employee Benefits Committee shall issue a written decision in response to the appeal no later than 60 days after its filing.

Chair, State Employee Benefits Committee (SEBC)

RE: Grievance

Office of Management and Budget

Haslet Armory, Third Floor, Suite 301

122 Martin Luther King, Jr. Boulevard South

Dover, DE 19901

The availability and use of this grievance procedure does not prevent a person from pursuing other legal or administrative remedies, including filing a complaint of discrimination on the basis of race, color, national origin, sex, age or disability in court or with the U.S. Department of Health and Human Services, Office for Civil Rights. A person can file a complaint of discrimination electronically through the Office for Civil Rights Complaint Portal, which is available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>. Such complaints must be filed within 180 days of the date of the alleged discrimination.

The State of Delaware GHIP will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing qualified interpreters, providing taped cassettes of material for individuals with low vision, or assuring a barrier-free location for the proceedings. The Section 1557 Coordinator will be responsible for such arrangements.